

2016 Notice of Intent to Gather Signatures for Candidacy

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Printed Name (Print name exactly as it is to be printed on the official bal	
Printed Name (Print name exactly as it is to be printed on the official ballot)	
Political Party	
Office  225 S: 220 W. Orem, Utal  Physical Address  51 West Center #153, crem, Uta  Mailing Address	District
225 S. 220 W. Orem, Utal	8405\$8
Physical Address	_
51 West Center #153, Orem, Uta	th 84057
Mailing Address	
801.921.1292	
Telephone Number	
aaron campbell 7 @ gmail. com Email Address Twitter F	
Email Address Twitter F	Handle (optional)
Please initial:	and that Calling to do no many month in
I agree to file all campaign financial disclosure reports and I understate possible fines and/or civil or criminal penalties.	and that failure to do so may result in
Tunderstand that the filing officer will not begin verifying my petitio	n signatures until I have submitted a
sufficient number of verifiable signatures to meet the signature threshold.	
Tunderstand that candidate petition packet submissions are verified in the same order as they are received	
by the filing officer.	
I have provided a valid email and I understand this will be used for official communications and updates	
from election officials. If no email is available I have provided a valid physical address.	
Tunderstand this form is not a declaration of candidacy and I must declare candidacy, in-person, with the	
appropriate filing officer during the declaration of candidacy period (March 11, 2016 to March 17, 2016).	
$A \in \mathbb{C} \setminus \mathbb{C}$	
	March 9, 2016
Signature of Candidate	Date
	MAR 9 PM 2:52
	AM/PM
Signature of Filing Officer	Date / Time Submitted